Bhubaneshwar)

19. Secreatry, Sumita Health & Family Welfare Society, Lucknow. (Medical College at Lucknow)

20. Director, Maharishi Shiksha Sansthan, Noida, UP. (Medical College at Shimla)

21. Secretary, Venkatesha Education Society Bangalore. (Medical College at Bangalore)

Reduction of Bed-student ratio By IMC

204. SHRI K. RAHMAN KHAN: Will the PRIME MINISTER be pleased to state:

(a) whether the Indian Medical Council is considering reducing the bed-student ratio from seven to five bads per student, if so, whether any proposal has been received by Government; and

(b) what are the major changes the Indian Medical Council is considering to bring in the Medical education?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) The Medical Council of India has submitted a proposal to the Ministry of Health & Family Welfare for revision of requirement of staff and beds for a medical college for admission of 100 students annually. The Council has also proposed minimum standard requirement of beds and staff for 50 and 150 admissions annually in a medical college.

(b) The MCI regulation on Graduate Medical Education containing M.B.B.S. curriculum has been notified in the Part III, Section 4 of the Gazette of India on 17th May, 1997. the M.C.I. has circulated it amongst Universities for implementing the revised curriculum from the academic session 1997-98. The four and a half years of M.B.B.S. course has been rescheduled as under:—

Three phases	Existing duration of phase of course	Revised duration of phase of course
Phase I	1½ years	1 year (2 semisters)
Phase II	1½ years	1½ years (3 semisters)
Phase III	1½ years	2 years (7 semisters)

Hearing deficiency by noise pollution

205. SHRI SANJAY DALMIA: Will the PRIME MINISTER be pleased to state:

(a) whether growing noise pollution in both the urban and rural areas is an important cause of increasing hearing deficiency in the country;

(b) if so, the details thereof; and

(c) the precautionary/preventive measures taken/proposed to be taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Community based data regarding noise-induced hearing deficiency in India is not available. However, certain studies conducted by the Indian Council of Medical Research in industries have reported noise-induced hearing definciency.

(c) In addition to the overall pollution control strategies, noise attenuators such as ear plugs and ear muffs have been found effective as protective devices.

Setting up of a Pace Maker Bank

206. SHRI SANJAY DALMIA: Will the PRIME MINISTER be pleased to state:

(a) whether Government propose to set-up a Pace Maker Bank in the country; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) At present the Government has no proposal to set up any Pace Maker Bank.

एम० बी० बी० एस० और बी० डी० एस० डिग्री-धारकों का केन्द्रीयकृत पंजीकरण

207. **श्री गोविन्दराम मिरी:** क्या प्रधान मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि एम० बी० बी० एस० तथा बी० डी० एस० उपाधि-प्राप्त स्नातकों को विभिन्न राज्यों में पंजीकृत किया जाता है;

(ख) यदि हां, तो तत्संबंधी प्रक्रिया क्या है;

(ग) क्या सरकार इस संबंध में कोई केन्द्रीयकृत पंजीकरण-व्यवस्था प्रारम्भ करने का विचार रखती है; और

(घ) यदि हां, तो इसका ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्यमंत्री (श्रीमती रेणुका चौधरी): (क) और (ख) जी, हां। भारतीय आयुर्विज्ञान परिषद अधिनियम, 1956 की अनुसूची में सम्मिलित एम० बी० बी० एस० चिकित्सीय अर्हता रखने वाला व्यक्ति किसी भी राज्य आयुर्विज्ञान रजिस्टर में अपना नाम दर्ज कराने हेतु पात्र है। उसकी प्रकार दन्त चिकित्सक अधिनियम, 1948 की अनुसूची में सम्मिलित में बी० डी० एस० अर्हता रखने वाला व्यक्ति किसी राज्य के उपयुक्त रजिस्टर में अपना नाम दर्ज कराने हेतु पात्र हैं। किसी राज्य रजिस्टर में अपना नाम दर्ज कराने हेतु मान्यताप्राप्त चिकित्सीय/दन्त चिकित्सीय अर्हता रखने वाला व्यक्ति अपनी डिग्री प्रमाण पत्र, अपेक्षित पंजीकरण शुल्क और एक आवेदन फार्म के साथ संबंधित राज्य आयुर्विज्ञान परिषद/दन्त चिकित्सा परिषद से संपर्क कर सकता है।

(ग) और (घ) भारतीय आयुर्विज्ञान परिषद अधिनियम, 1956 की धारा 23 के उपबंधों के अनुसार भारतीय आयुर्विज्ञान परिषद पहले ही राज्य आयुर्विज्ञान परिषदों/भारतीय आयुर्विज्ञान परिषद में पंजीकृत चिकित्सा व्यवसायियों के नाम और पतों वाले भारतीय आयुर्विज्ञान रजिस्टर रख रही है। उसी प्रकार दन्त चिकित्सक अधिनियम, 1948 की धारा 18 के उपबंधों के अनुसार भारतीय दन्त चिकित्सा परिषद पहले ही राज्य दन्त चिकित्सक रजिस्टर में प्रविष्टियों वाले दन्त चिकित्सकों के एक रजिस्टर अर्थात् भारतीय दन्त चिकित्सा रजिस्टर रख रही है।

Committee on study of cancer by consumption of Gutkha

208. PROF. RAM KAPSE: Will the PRIME MINISTER be pleased to state:

(a) whether Government have appointed a Committee, under the Chairmanship of Deupty Director-General of Health Services, to study the possibility of cancer as a result of consumption of Gutkha;

(b) if so, the terms of reference of the Committee;

(c) by when the Committee is expected to submit its report to Government;

(d) whether Government are aware of a survey of school-going children conducted in Bihar, U.P., M.P. Maharashtra, Orissa and Goa in this regard; and

(e) if so, what are the findings thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (c) Government has appointed a Committee of Experts under the Chairmanship of Director General of Health Services to study and ascertain the adverse effect of Pan Masala and Gutkha. Terms of reference of the Committee are to examine the use of tobacco in Pan Masala and Gutkha etc. and its effects on Public Health and suggest appropriate measures accordingly. They Committee has recommended that systematic clinical/epidmiological studies should be carried out to ascertain the co-relation between consumption of Gutkha and its adverse effect. Two proposals for carrying out such epidemiological and Animal based studies to be conducted over a period of two to three years have been prepared.